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FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATIONS**

## Mali

## Addendum

SUMMARY

The present addendum to the country note submitted to the Executive Board at its first regular session of 1997 contains the final country programme recommendation for Board approval.

The Executive Director recommends that the Executive Board approve the country programme of Mali for the period 1998-2002 in the amount of $16,605,000 from general resources, subject to the availability of funds, and $20,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1997/20.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1996. They will be contained in the "Summary of 1997 recommendations for general resources and supplementary funding programmes" (E/ICEF/1997/P/L.18).

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## THE SITUATION OF CHILDREN AND WOMEN

1. Mali is a country in constant evolution. The advent of the third Republic in 1992 marked the beginning of a process of democratization and set in motion the implementation of reforms in the social field. Moreover, the peace agreement in July 1995, which put an end to armed conflict in the north, enabled the Government of Mali and its partners to move forward with the implementation of a development programme. In addition, the Government is actively pursuing a policy of decentralization, which will give the people a larger role in the formulation and implementation of social policies. The new-found freedom of the press and of association together with the development of the media and the civil society are helping to educate the people and to promote their involvement in development. This is providing a solid basis for the fulfilment of the rights of children and women.

2. Although indicators for Mali remain among the weakest in the world, the situation of children and women has shown a steady improvement in terms of lower rates for infant mortality, infant and child mortality and maternal mortality over the past ten years. With a population of almost 11 million inhabitants, a Sahelian climate and a considerable amount of its territory in the desert region, Mali has a per capita gross national product of $US 250, a very heavy external debt burden and a ranking of 171 out of 174 on the 1996 human development index. Approximately three quarters of the people live below the poverty level.

3. The difficult situation described above is made worse by the lack of quality basic social services and the overstretched human resources: one doctor for 58,156 inhabitants in the regions, one teacher for 65 pupils in primary education and a single children's court for the whole of Mali. Another critical factor is the paucity of resources: 9 per cent of the national budget was allocated to basic education and 8 per cent to primary health care in 1996.

4. Gaps in the law and the inadequate enforcement of some of the regulatory instruments, such as the Labour Code, make life difficult for the less fortunate. These harsh realities are compounded by unsafe environmental practices, questionable practices when dealing with food and illness, a total fertility rate of 6.9, teenage pregnancies and poorly spaced pregnancies. The hostility of the socio-cultural environment towards women manifests itself by steering them into traditional and household activities, excluding them from responsible functions, under-educating girls and women and maintaining harmful attitudes and practices such as clitoridectomy. The traditional apportionment of tasks within the family and work within society undervalues the contribution of women. More than three quarters of the women are illiterate, and this high rate of illiteracy is one of the obstacles that prevent women from exercising their rights.

5. In spite of the progress achieved, the people have to make do with inadequate sanitary facilities and poor access to drinking water. Less than half of the population lives within 15 kilometres of a health centre. The proportion of women who receive prenatal care from a qualified health worker has increased by half during the past ten years. The crude school enrolment rate is 44 per cent, with marked disparities between boys and girls and between urban

areas and rural areas. In qualitative terms, the low rate of achievement at the primary level (15 per cent) is testimony to the ineffectiveness of the education system. The high proportion of working children, who make up one quarter of the total labour force in Mali, appears to be due in part to the lack of relevance of the school curricula.

## PROGRAMME COOPERATION, 1993-1997

6. The objective of the 1993-1997 programme of cooperation between the Government of Mali and UNICEF was to help to reduce infant, infant and child, and maternal mortality rates by means of eight vertical programmes.

7. In the health sector, the programme has made a major contribution to the implementation of a new health policy drawn up in December 1990. The originality of the contribution lies in its assistance to planning and decentralized management and the pursuit of an approach which permitted the preparation of plans for socio-health development at the cercle level and the establishment of first-level centres. The approach was carried out with the joint assistance of the World Bank, the United States Agency for International Development, the German development bank, French cooperation and UNICEF.

8. Since 1993, the Ministry of Health has revitalized or set up 192 health centres, of which 82 received assistance from UNICEF, 26 were jointly financed with UNICEF and 84 were financed by other partners. In addition, with the support of the European Union, the programme rehabilitated and equipped 30 health centres in three regions in the north. The organization of a health referral system, with peri-natality as the point of entry, moved forward in ten cercles and communes with the installation of solar lighting in the maternity wards, the addition of a vehicle for transporting referral cases, the establishment and extension of a radio communication network linking the health centres to the hospital and the introduction of local solidarity funds to help overcome financial obstacles. The access of the target population to micronutrients has been increased thanks to the distribution of vitamin A and iron capsules and the assistance provided to a salt iodization unit in Bamako. The Government enacted an interministerial order on the production, marketing and importation of iodized salt.

9. The activities of the water, hygiene and sanitation programme are concentrated principally in the areas affected by dracunculiasis (Guinea-worm disease) (Mopti). Access to drinking water has been improved by the drilling of 260 wells in 180 villages and by the monitoring and maintenance of 1,500 pumps in three regions (15 per cent of the national territory). An evaluation of the programme in 1997 has confirmed that, as a result of the inclusion of a hygiene and sanitation component, patterns of behaviour have improved, community involvement has increased, sanitation works have been encouraged, community leadership methods have been developed and the skills of socio-health workers have been strengthened. The programme has assisted the effort to eliminate dracunculiasis, there having been a 91 per cent reduction in the number of cases between 1991 (9,600 cases) and 1996 (817 cases).

10. The principal contributions to the fight against acquired immunodeficiency syndrome (AIDS) have been support for the decentralization of the national

programme to combat AIDS, the establishment of community health units with a view to preventing sexually transmitted diseases (STDs)/AIDS from infecting young people and the inclusion of STD/AIDS clusters in the basic education curriculum. UNICEF is an active member of the Joint Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) cosponsored by the United Nations and coordinated by the World Health Organization (WHO).

11. The education programme as conceived in 1993 has been largely redesigned because of changes in policy which began in the sector and were endorsed in the mid-term review. Both the qualitative and the quantitative efforts focus on support to help the team responsible for drawing up the new education policy and the ten-year sectoral investment programme and to develop the literacy, pre-school education and special education master plans. The above efforts also cover the training of teachers and supervisory staff in the mother tongues, the adaptation of school curricula and the construction and fitting out of two initial training centres. The newly created partnership between the State, the communities and the non-governmental organizations (NGOs) has been put to the test by the construction or revitalization of 40 basic education schools in the Kayes and Mopti regions, where the lowest rates of school enrolment are recorded, particularly among girls.

12. Where urban development and children in difficult circumstances are concerned, the programme has helped to reduce the vulnerability of children at risk in urban and peri-urban areas and of child beggars through socio-educational and professional interventions. The programme has provided women living in the peri-urban areas of Bamako and Mopti with support in terms of education, economic independence and the effective utilization of basic services.

13. The activities of the programme to promote social mobilization and to monitor the situation of children and women have emphasized the dissemination of the Convention on the Rights of the Child through the production and distribution of communication tools. They also have helped with the preparation of the 1996 Plan of Action for the Advancement of Women, following the Fourth World Conference on Women, the institutionalization of the children's parliament as a forum of expression at the central and regional levels, and the publication of an annual bulletin on the situation of children and women. An evaluation conducted in 1996 confirmed that the performances of the radio hosts and production staff of 60 local radio stations had improved thanks to gender training and an introduction to the multimedia approach. In addition, the support provided to strengthen the national system of statistics and improve relations between the various participants themselves led to the emergence of the role of coordinator and organizer of the National Directorate of Statistics and Computer Science. The reconciliation and mutual reinforcement of the various aspects of accessibility and utilization of information, on the one hand, and the dissemination of information, on the other, are now recognized as being essential.

Lessons learned from recent cooperation

14. The mid-term review confirmed the importance of strengthening the geographical convergence and intersectoral nature of programme interventions and the acceleration and extension of coverage of the decentralized basic services.

In strategic terms, the results obtained during the implementation of the sectoral health policy (largely inspired by the Bamako Initiative) confirm the wisdom of the gradual shift of the programme for the delivery of services towards institutional capacity-building and the empowerment of the people, in order to maintain and enhance the overall effectiveness and sustainability of basic services, an improvement which is a vital step towards securing for children and women the gradual enjoyment of their rights.

15. More specifically, experience has demonstrated that, in order to have increased impact, nutrition activities should be integrated into the minimum package of activities (MPA), thereby becoming part of the strategy to implement the sectoral health policy. In addition, food security activities should be transferred to the organizations best qualified to carry them out. As to water and sanitation, the priority assigned to dracunculiasis has meant that insufficient attention has been paid to other water-borne diseases and the need to incorporate the programme into the sectoral health policy so as to derive a greater health benefit. Where health is concerned, the strengthening of the first echelon of the health pyramid necessitates an increased commitment on the part of UNICEF to the second echelon.

## RECOMMENDED PROGRAMME COOPERATION, 1998-2002

General resources: $16,605,000
Supplementary funding: $20,000,000

Recommended programme cooperation a/
(In thousands of United States dollars)

| | General resources | Supplementary funds | Total |
|---|---|---|---|
| Survival | 7 415 | 10 000 | 17 415 |
| Development | 5 500 | 6 500 | 12 000 |
| Protection | 1 940 | 2 000 | 3 940 |
| Advocacy and planning | 1 750 | 1 500 | 3 250 |
| Total | 16 605 | 20 000 | 36 605 |

a/ The breakdown for estimated yearly expenditures is given in table 3.

Programme preparation

16. The involvement of the Malian authorities since the beginning of the programming exercise was institutionalized through the establishment of an interministerial steering committee. Throughout the exercise, consultations were held with all the partners, the other agencies of the United Nations system and the representatives of Mali's bilateral partners. The programme of

cooperation was drawn up at the same time as the national strategy note and in conformity with the comments on the country note issued by the Executive Board in January 1997. The country note had described social mobilization, monitoring and evaluation as cross-sectoral strategies providing support to the three components of the programme of cooperation: the survival, development and protection programmes. During the programme planning period following the country note, the importance of these various matters was recognized, and a fourth programme - advocacy and planning for the development of the social sector - was worked out in order to strengthen and complement the three other programmes in terms of the consistency of the social policies and their compatibility with the two Conventions.

Programme objectives and strategies

17. The 1998-2002 programme of cooperation between the Government of Mali and UNICEF is aimed at enabling children and women to enjoy their rights. Although this goal reflects a long-term commitment which far exceeds the scope of the five-year programme, the objectives of the programme and, more specifically, those of the projects describe the contribution which the five-year programme will make to the attainment of those rights. The objectives referred to fit within the framework of the National Plan of Action for Children, the Plan of Action for the Advancement of Women and the ten-year goals set by the World Summit for Children. It is therefore at the project level that the specific contribution of UNICEF will be measured in terms of results.

18. The strategies are: (a) to strengthen Mali's capacity to formulate and implement a consistent set of development policies that will guarantee the rights of children and women; (b) to provide an enabling environment by helping civil society to develop with a view to the greater empowerment of the people and the implementation of decentralization; (c) in the delivery of services, to strengthen the geographical convergence of multisectoral interventions by placing special emphasis on the poorest or most marginalized children and women.

19. Using the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women as a framework for the preparation of the new programme of cooperation represents an evolution and a different way of looking at development rather than a radical change of outlook. This evolution entails new areas of intervention, such as protection, a broader network of partners, the need to take into consideration equity and the reduction of disparities and, lastly, increased UNICEF involvement in the dialogue on development policies. The programme as a whole will be influenced by the key principles of decentralization, including the new power-sharing between the State, the local elected officials and the citizens, and the gradual transfer of responsibilities and resources to the newly created communities.

20. The need to fit the programme of cooperation into the national policy and programme framework reflects Mali's will, and that of UNICEF, to depart from the traditional approach in which planning is by individual project. The programme is designed to look systematically for a complementary and synergistic relationship with the support provided by the other partners to the national effort. The various UNICEF-assisted interventions will therefore be dependent on their complementary relationship with the contributions of Mali's other development partners. Better coordination by the Government of the

contributions of the development partners is a prerequisite for the success of the national effort and the UNICEF contribution. In the interest of firmly anchoring the coordination of the programme execution elements within the Government, the interministerial steering committee of the UNICEF/Mali programme will be maintained.

21. The women and children survival programme, which consists of the health and water and the hygiene and sanitation projects, will be an integral part of the ten-year health development plan (1998-2007) and will continue to support the health sector in its reform, innovation and implementation efforts, in close collaboration with the World Bank, the Government of the Netherlands, the United States Agency for International Development, French cooperation, the German development bank and the European Union. The programme will make a contribution to national efforts to: reduce by 40 per cent under-five child mortality attributable to diarrhoeal diseases, acute respiratory infections, malaria and malnutrition; reduce by at least 80 per cent under-five child mortality attributable to diseases which are immunizable; reduce by 30 per cent maternal mortality attributable to dystocia and post-partum haemorrhaging; and encourage the community to take charge of its health problems, with special emphasis on the health of women.

22. The health project will strengthen the decentralized planning and management capacity of 35 cercle socio-health teams through technical and logistic support and help with training. With a view to making available an effective MPA with community management in 210 health zones, the project will maintain the community approach, prior to the establishment of community health associations, initial training for those associations, the fitting out of the centres, the initial supply of drugs, the planning of transport for the advanced strategy, and financial support for supervisory activities during the first year. In the case of the 100 health centres which are already operational, the project will help to improve the quality of care, including nutrition, through training and retraining programmes and support to management.

23. The project will assist in organizing the health referral system, with peri-natality as the point of entry, in the 20 cercle health centres. This will be accomplished by: completing the fitting out of the referral health centres; training staff to take appropriate action in the case of Caesarean section deliveries and obstetric emergencies; installing or extending the radio communication network which links the health centres to the hospital; organizing transport for the referral cases; and providing support to a mutual fund system for the reduction of the direct costs of users. In addition, the empowerment of members of the community, especially the women, to enable them to take charge of health problems will be supported in the functional zones of the 10 cercles.

24. The project intends to help strengthen the capacity of the regional health directorates in order to support the decentralized planning and management process. The policy-making and standard-setting role of the authorities at the central level and their strategic management function will be strengthened. The project will also assist the authorities at the central level to draw up programmes for training managerial staff and for monitoring and evaluation activities as well as to mobilize and coordinate the contributions of the partners.

25. The water, hygiene and sanitation project will, in the 80 functional health zones, help to promote sustainable safe practices in the area of hygiene and sanitation and to install sanitation facilities in homes and public places. In addition, by supporting access to drinking water, it will help to reduce the incidence of water-borne diseases and to improve living conditions for children and women. In particular, the project will increase access to drinking water in 220 villages and rural centres in the 80 health zones by developing, rehabilitating and equipping 375 water points and by strengthening the repair and maintenance system with the participation of the communities, local craftsmen and private promoters.

26. Support designed to achieve the goal of dracunculiasis elimination will be maintained in the region of Mopti. In the functional health zones, dracunculiasis elimination activities will be gradually integrated into the MPAs of the health centres. The project intends to support a series of interventions at the local, regional and central levels, including planning, management, cooperation between the partners, the mobilization of resources, strategic studies, the maintenance of equipment and community involvement.

27. The programme for the development of women and children is aimed at helping Mali to increase the crude enrolment rate from 44 per cent to 64 per cent by reducing gender, regional and urban/rural disparities. The programme also expects to increase women's literacy rate from 14 per cent to 40 per cent, in accordance with the ten-year education programme. In addition, the programme will enhance the quality and accessibility of basic education, while at the same time placing emphasis on the education of girls. It will also help to increase the viability and sustainability of basic social services by targeting the effective participation of women in decentralized bodies and community movements.

28. The education for all project is designed to establish a decentralized planning and management system, this being the most appropriate tool for achieving some of the goals of the sectoral investment plan. The project will assist the implementation of plans to develop education at the level of the cercle and will prescribe the framework for decentralized planning and management. The preparation of plans to develop education will be supported technically and logistically in the 49 cercles of Mali. Their implementation will be effected through social negotiation, financial support to the communities for the building of schools, the initial stocking of school supplies, the provision of school textbooks for pupils and teachers, and the formation of parents' associations to take on school management.

29. To help the planning system to function smoothly and to support other components of the sectoral policy, the project will provide assistance to the regional and central levels. This assistance will include putting in place an information system in the 49 basic education inspectorates, the fitting out of four initial training centres and support to facilitate the communication of the education policy, to adapt school curricula, to promote mother tongues and to adapt the initial training programme for teachers.

30. The project providing support to decentralized development will help the commune to play its role of provider of social services and will strengthen both quantitatively and qualitatively women's participation in decentralized bodies

and community movements. In 35 cercles, the project will support community studies designed to constitute a data bank that will strengthen future intervention strategies. Further, through a series of training sessions, the project will help decentralized bodies and community movements to build capacity in areas such as planning, management and gender and development. At the central level, the project, acting in conjunction with the other agencies of the United Nations system, will support the transfer of skills and resources and the establishment of an information system at the level of the government structure in charge of decentralization.

31. The goal of the protection of women and children programme is to create an environment that is conducive to the enjoyment of rights and to ensure improved economic and social integration for women and children requiring special protection, including their full involvement and empowerment. The programme will help to promote, secure and defend children's and women's rights and to introduce specific measures for groups of women and children who require special protection. The first project will provide technical and financial support for the preparation, updating and finalization of codes and legal provisions concerning children and women, ensuring that they are in conformity with the Conventions. It will carry out activities to promote and disseminate the two Conventions through the production of communication tools and the training of civil society and government employees at the central, regional and local levels in social mobilization and advocacy techniques. The second project, special protection, will add to the knowledge of children and women requiring special protection in three urban areas of Mali and will support their social and economic integration. The target groups will include, among others, street children and women, working children, children and women with a disability, children and women affected or infected by HIV/AIDS, children and women in conflict with the law, victims of sexual exploitation and violence, and victims of the deleterious effects of urbanization.

32. The project will support the carrying out of studies or surveys on the target groups and of action-oriented research to identify their needs and will provide technical, material and financial assistance to strengthen the social information system so as to improve the data on marginalized groups. For the purposes of the social and economic integration of the target groups, specific activities will be carried out at the level of access to basic services. The activities will cover vocational training, literacy, assistance with the strengthening and establishment of 14 guidance and reception centres for street children and two reception and counselling centres for women and children living with HIV/AIDS, the provision of credit for 300 women's groups, and assistance with the integration of disabled children into schools. Institutional support will be provided at the regional and central levels in order to strengthen the social information system and the coordination of interventions in the field.

33. The advocacy and planning programme for the development of the social sector is at the level of macrosocial and macroeconomic policies. On the one hand, the programme will ensure respect for and the promotion of children's and women's rights in the formulation and/or reform of social policies. On the other, it will help to impart consistency and relevance to sustainable and equitable social policies and implementation tools. This calls for close cooperation with the United Nations Development Programme and the World Bank.

34. The project will support the strategic planning and management of social policies through the strengthening of information systems, the training of planners and statisticians and the harmonization and promotion of social policies. It will assist the development of strategic alliances - between the various levels of government, civil society, the media and the development partners - with a view to strengthening support for and the implementation of the Conventions at the political and operational levels as a guideline and yardstick for analysis and decision-making and in the best interest of children and the increased participation of women in development.

35. A monitoring and evaluation plan covering all the programmes has been developed. Key indicators for monitoring have been selected, a timetable has been set and budgetary provision has been made for the indicators, which will have to be measured through specific evaluations, studies and surveys. Annual reviews will be conducted for the purpose of modifying the integrated monitoring and evaluation plans.

36. Programme management. The UNICEF-Mali team participated actively in the programme on management development methods. Following an analysis of available resources, an office management plan reduced the cost of UNICEF operations in Mali while maintaining adequate capacity. In the light of the last audit recommendations and the progress made in implementing the decentralization policy, which necessitates capacity-building in the national structures, UNICEF closed its sub-offices.

37. The UNICEF programme in Mali has demonstrated a considerable ability to mobilize resources at both the national and the international levels. In 1993 the total amount of supplementary funding mobilized was $2,003,000. This figure underwent a steady increase and reached $4,800,000 in 1997. Execution capacity has kept above the 70 per cent level for a number of years. Although provision for approximately $2,800,000 in financing has already been made, the Bamako office recognizes the overall financial constraints of the organization. Accordingly, a plan to reduce geographical coverage has been identified as a way of dealing with a possible cutback in financial resources, especially in relation to survival and development.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

| Mali | (1995 and earlier years) | | UNICEF country classification |
|---|---|---|---|
| Under-five mortality rate | 225 | (1995) | Very high U5MR |
| Infant mortality rate | 137 | (1995) | Very high IMR |
| GNP per capita | $ 250 | (1995) | Low GNP |
| Total population | 10.8 million | (1995) | |

| KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT | | 1970 | 1980 | 1990 | 1995 |
|---|---|---|---|---|---|
| Births | (thousands) | 281 | 350 | 473 | 532 |
| Infant deaths (under 1) | (thousands) | 63 | 61 | 71 | 73 |
| Under-five deaths | (thousands) | 112 | 105 | 118 | 120 |
| Under-five mortality rate (per 1,000 live births) | | 400 | 300 | 250 | 225 |
| Infant mortality rate (under 1) (per 1,000 live births) | | 225 | 173 | 150 | 137 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Underweight children (under 5) (% weight for age, 1987) | Moderate & severe | .. | 31* |
| | Severe | .. | 9* |
| Babies with low birth weight (%, 1985) | | 17 | .. |
| Primary school children reaching grade 5 (%, 1980/1991) | | 47 | 76 |

| NUTRITION INDICATORS | About 1980 | Most recent |
|---|---|---|
| Exclusive breast-feeding rate (<4 mos.) (%, 1987) | .. | 12 |
| Timely complementary feeding rate (6-9 mos.) (%, 1987) | .. | 39 |
| Continued breast-feeding rate (20-23 mos.) (%, 1987) | .. | 44 |
| Prevalence of wasting (0-59 mos.) (%, 1987) | .. | 11* |
| Prevalence of stunting (0-59 mos.) (%, 1987 | .. | 24* |
| Daily per capita calorie supply (% of requirements, 1988-90) | .. | 96 |
| Total goitre rate | .. | 29 |
| Household expenditure (% of total income, 1980 or 1985) All food/cereals | .. / .. | 57 / 22 |

| HEALTH INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| ORT use rate (%, 1996) | | .. | 16 |
| Access to health services (% of population, 1985/1993) | Total | 15 | 40 |
| | Urban/rural | .. / .. | .. / .. |
| Access to safe water (% of population, 1980/1996) | Total | 6 | 48 |
| | Urban/rural | 37 / 0 | 81 / 36 |
| Access to adequate sanitation (% of population, 1980/1996) | Total | 13 | 69 |
| | Urban/rural | 79 / 0 | 94 / 60 |
| Births attended by trained personnel (%, 1987/1996) | | 32 | 24 |
| Maternal mortality rate (per 100,000 live births, 1990) | | .. | 1200 |

| Immunization | | 1981 | 1985 | 1990 | 1995 |
|---|---|---|---|---|---|
| One-year-olds (%) immunized against: | Tuberculosis | 19 | 13 | 82 | 75 |
| | DPT | .. | 2 | 42 | 46 |
| | Polio | .. | 2 | 42 | 46 |
| | Measles | .. | 13 | 43 | 49 |
| Pregnant women (%) immunized against: | Tetanus | 1 | .. | 31 | 19 |

* Aged 3-36 months.

TABLE 1 (continued)

Mali

| EDUCATION INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| Primary enrolment ratio (gross/net) (%, 1980/1994) | Total | 26 / 20 | 32 / .. |
| | Male | 33 / .. | 39 / .. |
| | Female | 18 / .. | 25 / .. |
| Secondary enrolment ratio (gross/net) (%, 1980/1994) | Total | 8 / .. | .. / .. |
| | Male | 12 / .. | .. / .. |
| | Female | 5 / .. | .. / .. |
| Adult literacy rate, 15 years & older (%, 1980/1993) | Total | 14 | 31 |
| | Male/female | 20 / 9 | 39 / 23 |
| Radio/television sets (per 1,000 population, 1980/1994) | | 15 / .. | 44 / 1 |

| DEMOGRAPHIC INDICATORS | | 1970 | 1980 | 1990 | 1995 | 2000 |
|---|---|---|---|---|---|---|
| Total population | (thousands) | 5484 | 6863 | 9212 | 10795 | 12559 |
| Population aged 0-17 years | (thousands) | 2856 | 3664 | 4919 | 5809 | 6749 |
| Population aged 0-4 years | (thousands) | 1033 | 1312 | 1803 | 2131 | 2358 |
| Urban population (% of total) | | 14.0 | 18.0 | 24.0 | 27.0 | 30.0 |
| Life expectancy at birth (years) | Total | 38 | 41 | 45 | 45 | 49 |
| | Male | 36 | 40 | 43 | 44 | 47 |
| | Female | 39 | 43 | 47 | 47 | 51 |
| Total fertility rate | | 7.1 | 7.1 | 7.1 | 6.9 | 6.4 |
| Crude birth rate (per 1,000 population) | | 51 | 51 | 51 | 49 | 46 |
| Crude death rate (per 1,000 population) | | 26 | 23 | 20 | 18 | 16 |

| | | About 1980 | Most recent |
|---|---|---|---|
| Contraceptive prevalence rate (%, 1987/1996) | | 5 | 7 |
| Population annual growth rate (%, 1965-1980/1980-1995) | Total | 2.2 | 3.0 |
| | Urban | 4.8 | 5.5 |

| ECONOMIC INDICATORS | | About 1980 | Most recent |
|---|---|---|---|
| GNP per capita annual growth rate (%, 1965-1980/1985-1995) | | 2.1 | 0.6 |
| Inflation rate (%, 1970-1980/1985-1995) | | 10 | 152 |
| Population in absolute poverty (%, 1975) | Urban/rural | 27 / 48 | .. / .. |
| Household income share (%) | Top 20%/bottom 40% | .. / .. | .. / .. |
| Government expenditure (% of total expenditure, 1983/1993) | Health/education | 3 / 10 | 5 / 18 |
| | Defence | 8 | 9 |
| Household expenditure (% share of total, 1980 or 1985) | Health/education | .. / .. | 2 / 4 |
| Official development assistance: (1980/1994) | $US millions | 252 | 442 |
| | As % of GNP | 20 | 17 |
| Debt service (% of goods and services exports(1980/1994) | | 3 | 25 |

/...

## TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1993-1997 a/

COUNTRY: MALI
LATEST BOARD APPROVAL: 1993
GENERAL RESOURCES: $20 625 000

(In thousands of United States dollars)

| Programme sectors/areas | Supplies and equipment (actual) | | Training grants (actual) | | Project staff (actual) | | Other cash (actual) | | TOTAL | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | General resources b/ | | SF | | Total (GR & SF) | |
| | GR b/ | FSF | GR b/ | FSF | GR b/ | FSF | GR b/ | FSF | Actual | Planned | Actual | Planned | Actual | Planned |
| Health | 2 062 | 3 206 | 550 | 329 | 2 047 | 1 381 | 891 | 587 | 5 550 | 6 084 | 5 503 | 7 396 | 11 053 | 13 480 |
| Nutrition | 262 | 627 | 47 | 80 | 1 287 | 59 | 413 | 471 | 2 009 | 2 680 | 1 237 | 4 286 | 3 246 | 6 966 |
| Water supply and sanitation | 644 | 1 011 | 30 | 53 | 164 | 389 | 517 | 934 | 1 355 | 1 855 | 2 387 | 4 447 | 3 742 | 6 302 |
| Education | 416 | 136 | 276 | 136 | 470 | | 540 | 314 | 1 702 | 2 681 | 586 | 2 500 | 2 288 | 5 181 |
| AIDs programme | 68 | 22 | 30 | 5 | | | 138 | 42 | 236 | 500 | 69 | 500 | 305 | 1 000 |
| Young child development | 137 | 103 | 74 | 43 | 79 | | 218 | 92 | 508 | 1 030 | 238 | 1 500 | 746 | 2 530 |
| Social mobilization and advocacy | 248 | 43 | 101 | | 208 | 7 | 221 | 110 | 778 | 1 030 | 160 | 1 500 | 938 | 2 530 |
| Planning and social statistics | 104 | | 44 | | | | 192 | | 340 | 225 | | | 340 | 225 |
| Programme support | 628 | . | 3 | | 1 718 | | 1 817 | | 4 166 | 4 540 | | | 4 166 | 4 540 |
| Emergency | 31 | 52 | | | | | | 437 | 31 | | 489 | | 520 | |
| GRAND TOTAL | 4 600 | 5 200 | 1 155 | 646 | 5 973 | 1 836 | 4 947 | 2 987 | 16 675 | 20 625 | 10 669 | 22 129 | 27 344 | 42 754 |

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as of June 1997.
b/ Actual GR expenditure includes allocations from global funds.

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TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: MALI
PROGRAMME CYCLE : 1998-2002

| | | 1998 | 1999 | 2000 | 2001 | 2002 | TOTAL |
|---|---|---|---|---|---|---|---|
| SURVIVAL | GR | 1,500,000 | 1,500,000 | 1,460,000 | 1,500,000 | 1,455,000 | 7,415,000 |
| | FSF | | | | | | |
| | NSF | 2,000,000 | 2,000,000 | 2,300,000 | 2,200,000 | 1,500,000 | 10,000,000 |
| | TOTAL | 3,500,000 | 3,500,000 | 3,760,000 | 3,700,000 | 2,955,000 | 17,415,000 |
| DEVELOPMENT | GR | 1,100,000 | 1,100,000 | 1,100,000 | 1,100,000 | 1,100,000 | 5,500,000 |
| | FSF | | | | | | |
| | NSF | 1,300,000 | 1,300,000 | 1,600,000 | 1,500,000 | 800,000 | 6,500,000 |
| | TOTAL | 2,400,000 | 2,400,000 | 2,700,000 | 2,600,000 | 1,900,000 | 12,000,000 |
| PROTECTION | GR | 355,000 | 400,000 | 400,000 | 385,000 | 400,000 | 1,940,000 |
| | FSF | | | | | | |
| | NSF | 400,000 | 400,000 | 700,000 | 400,000 | 100,000 | 2,000,000 |
| | TOTAL | 755,000 | 800,000 | 1,100,000 | 785,000 | 500,000 | 3,940,000 |
| ADVOCACY/PLANNING | GR | 366,000 | 321,000 | 361,000 | 336,000 | 366,000 | 1,750,000 |
| | FSF | | | | | | |
| | NSF | 300,000 | 300,000 | 500,000 | 400,000 | | 1,500,000 |
| | TOTAL | 666,000 | 621,000 | 861,000 | 736,000 | 366,000 | 3,250,000 |
| TOTAL, PROGRAMME BUDGET | GR | 3,321,000 | 3,321,000 | 3,321,000 | 3,321,000 | 3,321,000 | 16,605,000 |
| | FSF | | | | | | |
| | NSF | 4,000,000 | 4,000,000 | 5,100,000 | 4,500,000 | 2,400,000 | 20,000,000 |
| | TOTAL | 7,321,000 | 7,321,000 | 8,421,000 | 7,821,000 | 5,721,000 | 36,605,000 |
| STAFF COSTS a/ | | 774,769 | 816,198 | 863,295 | 926,630 | 983,746 | 4,364,638 |
| GENERAL OPERATING COSTS | | 408,500 | 408,669 | 392,837 | 433,464 | 411,252 | 2,054,722 |
| TOTAL, ESTIMATE SUPPORT BUDGET | | 1,183,269 | 1,224,867 | 1,256,132 | 1,360,094 | 1,394,998 | 6,419,360 |
| GRAND TOTAL | | 8,504,269 | 8,545,867 | 9,677,132 | 9,181,094 | 7,115,998 | 43,024,360 |

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

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TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : MALI
PROGRAMME : 1998-2002

| PROGRAMME SECTION/AREAS AND FUNDING SOURCE | PROGRAMME BUDGET | | | | POSTS a/ | | | | | | | | | | STAFF COSTS b/ | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | GR | FSF | NSF | TOTAL | D2/L7 | D1/L6 | P/L5 | P/L4 | P/L3 | P/L2 | IP | NP | GS | TOTAL | IP | LOCAL | TOTAL |
| GENERAL RESOURCES : | | | | | | | | | | | | | | | | | |
| SURVIVAL | 7,415,000 | | | 7,415,000 | 0 | 0 | 1 | 2 | 0 | 0 | 3 | 1 | 7 | 11 | 3,079,622 | 719,016 | 3,798,638 |
| DEVELOPMENT | 5,500,000 | | | 5,500,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 5 | 8 | 838,575 | 662,803 | 1,501,378 |
| PROTECTION | 1,940,000 | | | 1,940,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 1 | 3 | 838,575 | 285,408 | 1,123,983 |
| ADVOCACY/PLANNING | 1,750,000 | | | 1,750,000 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 4 | 838,575 | 525,348 | 1,363,923 |
| TOTAL GR | 16,605,000 | | | 16,605,000 | 0 | 0 | 1 | 5 | 0 | 0 | 6 | 6 | 14 | 26 | 5,595,347 | 2,192,575 | 7,787,922 |
| SUPPLEMENTARY FUNDING : | | | | | | | | | | | | | | | | | |
| SURVIVAL | | 0 | 10,000,000 | 10,000,000 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 3 | 3 | 8 | 1,259,049 | 594,447 | 1,853,496 |
| DEVELOPMENT | | 0 | 6,500,000 | 6,500,000 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 2 | 597,868 | 201,810 | 799,678 |
| PROTECTION | | 0 | 2,000,000 | 2,000,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 168,747 | 168,747 |
| ADVOCACY/PLANNING | | 0 | 1,500,000 | 1,500,000 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL SF | | 0 | 20,000,000 | 20,000,000 | 0 | 0 | 0 | 1 | 2 | 0 | 3 | 5 | 4 | 12 | 1,856,917 | 965,004 | 2,821,921 |
| TOTAL GR & SF | 16,605,000 | 0 | 20,000,000 | 36,605,000 | 0 | 0 | 1 | 6 | 2 | 0 | 9 | 11 | 18 | 38 | 7,452,264 | 3,157,579 | 10,609,843 |
| SUPPORT BUDGET | | | Operating costs | 2,054,722 | | | | | | | | | | | | | |
| | | | Staffing | | 0 | 1 | 1 | 1 | 0 | 0 | 3 | 3 | 10 | 16 | 2,901,903 | 1,454,324 | 4,356,227 |
| GRAND TOTAL (GR + SF + SB) | | | | | 0 | 1 | 2 | 7 | 2 | 0 | 12 | 14 | 28 | 54 | 10,354,167 | 4,611,903 | 14,966,070 |
| | Number of posts and staff costs: | | | | | | | | | | | | | | | | |
| | Current programme cycle | | | | | | | | | | 15 | 16 | 48 | 79 | | | |
| | At the end of proposed programme cycle (indicative only) | | | | | | | | | | 12 | 14 | 28 | 54 | 10,354,167 | 4,611,903 | 14,966,070 |

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = International Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.